US Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P L 88-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number U - TY/6	2 Fiscal Year Covered From					
	1 / 2004 Through 12 / 31 / 2004					
3 Name and address of person filing	4 Name, file number, and address of labor organization					
Name LESLIE M DAVIDSON	Name PLUMBERS & PIPEFITTERS LOCAL 430					
	Labor Organization File Number 540 908					
P O Box, Bidg , Room No , if any	P O Box, Building and Room Number, if any					
Street 10106 EAST 91 CIRCLE NORTH	Street 2908 NORTH HARVARD					
City OWASSO	City TULSA					
State Oklahoma ZIP Code + 4 74055-6834	State Oklahoma ZIP Code + 4 74115-2404					
5 Position in labor organization AGENT/ORGANIZER						
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions). A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent						
6 Name and address of Employer (including trade name, if any)	7 a Nature of Interest, Transaction, or Income					
Name	,					
Trade Name, if any	,					
PO Box, Bldg , Room No , if any						
Street	7 b Amount.					
	1					
City						
City ZIP Code + 4						
State ZIP Code + 4	gnature					
State ZIP Code + 4 Signature and verification. The undersigned declares, under penalty	of Perjury and other applicable penalties of the law, that all of the information nying documents), has been examined by the signatory and is, to the best of the					
State ZIP Code + 4 Signature and verification. The undersigned declares, under penalty submitted in this report (including the information contained in any accompa undersigned's knowledge and belief, true, correct, and complete. (See the second complete.)	of Perjury and other applicable penalties of the law, that all of the information nying documents), has been examined by the signatory and is, to the best of the section on penalties in the instructions)					
State ZIP Code + 4 Signature and verification The undersigned declares, under penalty submitted in this report (including the information contained in any accompa	of Perjury and other applicable penalties of the law, that all of the information nying documents), has been examined by the signatory and is, to the best of the section on penalties in the instructions.)					

r	- Contraction				
	Name of Person Filing	LESLIE	DAVIDSON		File Number U-

substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested						
8 Name and address of Business (including trade name, if any)	9 Business deals with					
Name PLUMBERS PIPEFITTERS LU 430 HEALTHWELFARE FU	X a Labor Organization					
Trade Name, if any P O Box, Bidg , Room No , if any Street 2908 NORTH HARVARD City TULSA State Oklahoma ZIP Code + 4 74115-2404	b Trust c. Employer					
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing					
Name Trade Name, if any P O Box, Bldg , Room No , if any Street City State ZIP Code + 4	UNION NEGOTIATES CONTRACTS AND AGREEMENTS REQUIRING CONTRIBUTIONS TOO TRAINING SCHOOL FUND WITH SIGNATORY CONTRACTORS 11 b Approximate dollar value of such dealing UARNOWN 12 a Nature of interest held or income received NORTH AMERICAN PIPETRADES CONFERENCE HOLLYWOOD, FL ON JNE 26,-JULY 2,2004 AIRFARE 442.00,HOTEL 1320 00,CAR RENTAL 156 00					
	12 b Amount. \$1,918					
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value						
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment					
Name '						
Trade Name, if any	[<u> </u>					
P O Box, Bldg , Room No , if any						
Crty	· ·					
State ZiP Code + 4	·					
13 b is the Business an Employer or Consultant ?	14 b Amount of payment.					